

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO <div style="border: 1px solid black; padding: 2px; text-align: center;">10 595348</div>	FILING DATE <div style="border: 1px solid black; height: 20px;"></div>					
							APPLICANT(S) <div style="border: 1px solid black; height: 20px;"></div>						
CLAIMS													
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TOTAL CLAIMS													